POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		3-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH MO	953 SCABB	05-03-01 0809/01

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral) Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date								Claim		Date								Claim		Date							
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	15	✔									65										115								
	16	=									66										116								
	17	=									67										117								
	18	=									68										118								
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	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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